# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 20, 2006 8:00 am**
**Secretary of State**
03-20-2006 90013 017 ****61.25

DOCUMENT # N00000005415

1. Entity Name
A CHOSEN CHILD, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1516 E. COLONIAL DRIVE<br>SUITE 200<br>ORLANDO, FL 32803 | 1516 E. COLONIAL DRIVE<br>SUITE 200<br>ORLANDO, FL 32803 |

03092006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3747096 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| STROWBRIDGE, PATRICIA L<br>1516 E. COLONIAL DRIVE<br>SUITE 200<br>ORLANDO, FL 32803 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PSTD<br>STROWBRIDGE, PATRICIA<br>1516 E. COLONIAL DRIVE, SUITE 200<br>ORLANDO, FL 32803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RATCLIFF, LINDA G<br>1516 E. COLONIAL DRIVE, SUITE 200<br>ORLANDO, FL 32803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HUTCHINSON, BARBARA<br>1516 E. COLONIAL DRIVE, SUITE 200<br>ORLANDO, FL 32803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN, EDNA LMHC<br>1516 E. COLONIAL DRIVE, SUITE 200<br>ORLANDO, FL 32803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ March 17, 2006 407-894-1599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
20017910

# A CHOSEN CHILD, INC.

*A Licensed Child-Placing Agency*

1516 E. Colonial Drive, Suite 200, Orlando, FL 32803
407-894-1599 • 1-800-339-3821 • 407-895-0675 (Fax) • 321-945-9069 (Cell) • www.achosenchild.com

**Patricia L. Strowbridge**
*Executive Director*

**Edna Lippi-Brown, LMHC**
*Social Services Director*

March 15, 2005

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: A Chosen Child, Inc.
Document No. N00000005415

Gentlemen or Madam:

Enclosed please find the 2006 Not-For-Profit Corporation Annual Report for the above-referenced corporation, together with our check in the amount of $61.25 as the fee to file this report.

Very truly yours,

Patricia L. Strowbridge
Executive Director

PLS:bh
Enclosures

Admin\Corporate & Licensing\Agency-Incorporation\LTR-CORP DIV 2006 ANNUAL REPORT.doc